



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050

September 19, 2013

CERTIFIED MAIL # 7008 1300 0000 7187 0200

Gregory Harrison
The Dugger House
4621 S. Burkhart Dr
Tacoma, WA 98409

Adult Family Home License #752083

IMPOSITION OF CONDITIONS ON A LICENSE AND
IMPOSITION OF CIVIL FINE

Dear Mr. Harrison:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **4621 S. Burkhart Dr, Tacoma, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on September 11, 2013.

WAC 388-76-10198(2)(a) Adult family home – Personal records. **\$100.00**

The Licensee failed to assure caregivers received required trainings and background checks.

WAC 388-76-10340(1)(2)(3)(4)(5) Preliminary service plan. **\$100.00**

The Licensee failed to develop a preliminary service plan for a resident. This is a repeat deficiency previously cited on August 6, 2012.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on September, 2013

WAC 388-76-10400(1)(2)(3)(a)(b)(c)(4) Care and services.

The Licensee failed to ensure that two residents received necessary care and services.

WAC 388-76-10430(1)(2)(c)(d) Medication system.

The Licensee failed to develop a preliminary service plan for a resident.

WAC 388-76-10475(1)(3)(a)(c)(i)(ii)(iii)(iv) Medication - Log.

The provider failed to develop and implement systems that support and promote safe medication service.

The department has determined that the following conditions shall be placed on your adult family home license:

- *Provider will hire, at their own expense, a nurse consultant to assess all residents, review all negotiated care plans and review the medication management system.*
- *Consultant will be available to the department for questioning.*
- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

You may contest the imposition of conditions on a license and the imposition of civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$200.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Dahl Kim, Field Manager
District 3, Unit A
1949 S State St
Mail Stop N27-24
Tacoma WA, 98405-2850
Phone: (253) 983-3826 / Fax: (253) 589-72400

If you have any questions, please contact Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 3, Unit A
RCS District Administrator, Region 3
HCS Regional Administrator, Region 3
DDD Regional Administrator, Region 3
LTC Ombudsman
Area Agency on Aging, AAA-Pierce
Fred Ruetsch, Medicaid Fraud Control Unit
Judi Plesha, HCS
DS